

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3						
4	1					
5	1					
6						
7	1					
8						
9	1					
10						
11	✓					
12	✓					
13	✓					
14	✓					
15	✓					
16	✓					
17	✓					
18	✓					
19	✓					
20	✓					
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31	✓					
32	✓					
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46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	✓					
TOTAL CLAIMS	62					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	62					